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FACSIMILE: 415.268.7522

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FROM: Peter J. Yim
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DATE: November 17, 2005

Number of pages with cover page:	14	
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Comments:**PLEASE PROCESS THE ATTACHED.**

Re: U.S. Patent Application Serial No. 10/721,391
For: METHOD AND APPARATUS FOR HOLDING AND
POSITIONING SEMICONDUCTOR WORKPIECES DURING
ELECTROPOLISHING AND/OR ELECTROPLATING OF THE
WORKPIECES
By: Hui WANG et al.
Our Reference: 49515-20004.02

Attached is the following:

1. Transmittal (1 page)
2. Fee Transmittal (in duplicate, 2 pages)
3. Second Preliminary Amendment (3 pages)
4. Supplemental Application Data Sheet (3 pages)
5. Request for Corrected Filing Receipt (2 pages)
6. Marked-Up Filing Receipt (2 pages)

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PTO/SB/21 (08-03)

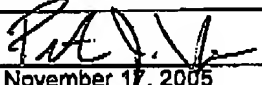
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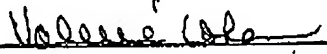
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/721,391	
	Filing Date	November 24, 2003	
	First Named Inventor	Hui WANG	
	Art Unit	1753	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	13	Attorney Docket Number	495152000402

ENCLOSURES (Check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate, 2 pages) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (3 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Supplemental Application Data Sheet (3 pages) 2. Request for Corrected Filing Receipt (2 pages) 3. Marked-Up Filing Receipt (2 pages)		
<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">Remarks</td> <td>Other Enclosures (con't) 4. Facsimile Cover Sheet (not counted as part of this submission)</td> </tr> </table>			Remarks	Other Enclosures (con't) 4. Facsimile Cover Sheet (not counted as part of this submission)
Remarks	Other Enclosures (con't) 4. Facsimile Cover Sheet (not counted as part of this submission)			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	MORRISON & FOERSTER LLP (Customer No. 20872) Peter J. Yim - 44,417
Signature	
Date	November 17, 2005

I hereby certify that this correspondence is being sent via facsimile to the U.S. Patent and Trademark Office at (571) 273-8300 on the date shown below.	
Dated: November 17, 2005	Signature:  (Valeria Cohen)

sf-2036611

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PTO/SB/M7 (12-04v2)

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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 109-171). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number: 10/721,391 Filing Date: November 24, 2003 First Named Inventor: Hui WANG Examiner Name: Not Yet Assigned Art Unit: 1753 Attorney Docket No.: 495152000402						
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27								
TOTAL AMOUNT OF PAYMENT (\$) 25.00								
METHOD OF PAYMENT (check all that apply)								
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____								
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP								
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<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee								
<input type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING FEES Small Entity Fee (\$)		SEARCH FEES Small Entity Fee (\$)		EXAMINATION FEES Small Entity Fee (\$)			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES								
Fee Description							Small Entity Fee (\$)	
Each claim over 20 (including Reissues)							50	
Each independent claim over 3 (including Reissues)							200	
Multiple dependent claims							360	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)							Multiple Dependent Claims Fee (\$) Fee Paid (\$)	
24 - 24 = 0 x 25 = 0.00							180 0.00	
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
3 - 3 = 0 x 100 = 0.00								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
_____ - 100 = _____ / 50 _____ (round up to a whole number) x _____ = _____								
4. OTHER FEE(S)							Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1811 Corrected Filing Receipt							25.00	
SUBMITTED BY								
Signature: <u>Peter J. Yim</u>		Registration No. (Attorney/Agent): 44,417		Telephone: (415) 268-6373				
Name (Print/Type): Peter J. Yim				Date: November 17, 2005				

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).		Complete if Known					
FEE TRANSMITTAL For FY 2005		Application Number	10/721,391				
		Filing Date	November 24, 2003				
		First Named Inventor	Hui WANG				
		Examiner Name	Not Yet Assigned				
		Art Unit	1753				
		Attorney Docket No.	495152000402				
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27							
TOTAL AMOUNT OF PAYMENT	(\$)	25.00					
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u>							
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<input type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
24	-24 = 0	25	0.00				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
3	-3 = 0	100	0.00				
Multiple Dependent Claims							
Fee (\$)	Fee Paid (\$)						
180	0.00						
3. APPLICATION SIZE FEE							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
	- 100 =	/50	(round up to a whole number) x				
4. OTHER FEE(S)							
	Fees Paid (\$)						
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1811 Corrected Filing Receipt	25.00						
SUBMITTED BY							
Signature	<u>Peter J. Yam</u>	Registration No. (Attorney/Agent)	44,417	Telephone	(415) 268-8373		
Name (Print/Type)	Peter J. Yam	Date	November 17, 2005				

Duplicate for Fee Processing

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